

Konstantin L. Valtchev, M.D. F.R.C.S.(C), F.A.C.O.G.

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FAX COVER

To: Tarla R PATEL

Pages: 2 including cover

From: Konstantin L Valtchev, M.D.

Date: January 18, 2008

Re: Application Number: 10/715,104

Dear Ms. Patel,

As per our telephone conversation, today, I am following your instructions and submitting the attached revocation of Power of Attorney Form.

As I briefly explained, I agree with your conclusion that my idea was not properly presented by words and drawings. The above mentioned instrument has been on the market and the response is extremely favourable. It is currently being used in the US, Canada and worldwide. The surgeons found that it is better than any existing similar instruments on the market.

I would like to request an interview with you, so that I can personally demonstrate the novelty of my instrument.

Thank you again for your advice. I look forward to meeting you in person.

Sincerely,



Konstantin Valtchev, M.D.

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**REVOCATION OF POWER OF  
ATTORNEY WITH  
NEW POWER OF ATTORNEY  
AND  
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/715,104
Filing Date	November 17, 2003
First Named Inventor	Konstantin L. Valtchev
Art Unit	3772
Examiner Name	PATEL, Tara R
Attorney Docket Number	2-1861-032

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I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☐ I hereby appoint the practitioners associated with the Customer Number:

☐ Please change the correspondence address for the above-identified application to:

☐ The address associated with  
Customer Number:

OR

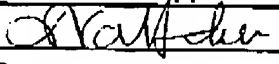
<input checked="" type="checkbox"/> Firm or Individual Name	Konstantin L. Valtchev, M.D.				
Address	233 Beecroft Road, Suite 501				
City	Toronto	State	Ontario	Zip	M2N 6Z9
Country	Canada				
Telephone	416 445-4112	Email	kvaltchev@futureway.com		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature			
Name	Konstantin L. Valtchev, M.D.		
Date	January 18, 2008	Telephone	416 445-4112

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ \*Total of one forms are submitted

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing this form, call 1-800-PTO-9199 and select option 2.